

Name
in
Full

CERTIFICATE OF DEATH

Stephen A Bagley

Town

County

MARYLAND

Died at

Mountain

Norfolk

Date

Month

Day

Years

Months

Days

of death

1907 Nov

2

Age

17

4

2

Sex

Male

Color or
Race

Negro

Birth
place

Mountain

Occupation

Farm hand

Where Residing if not
at place of death

✓ ✓

Married, Single
or Widowed

Name of Wife or
Husband

✓ ✓

Father's
Name

Andrew J Bagley

Father's
Birthplace

*Richmond
Va.*

Mother's
Maiden Name

Annie Buff

Mother's
Birthplace

Bolton Co.

Name of person giving
information

Mother of deceased

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Typhoid Fever

How long

21 days

Immediate

Hemorrhage

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Charles Bagley M.D.

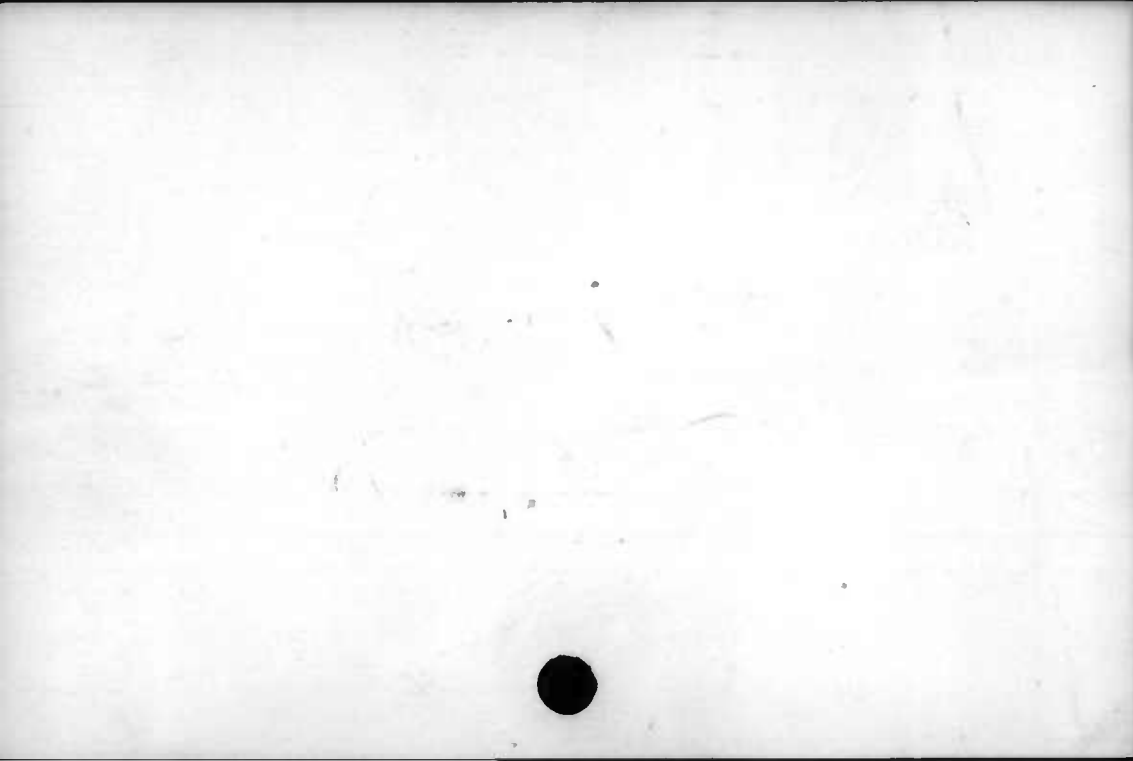
Address

Bagley, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Martha E. Baldwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

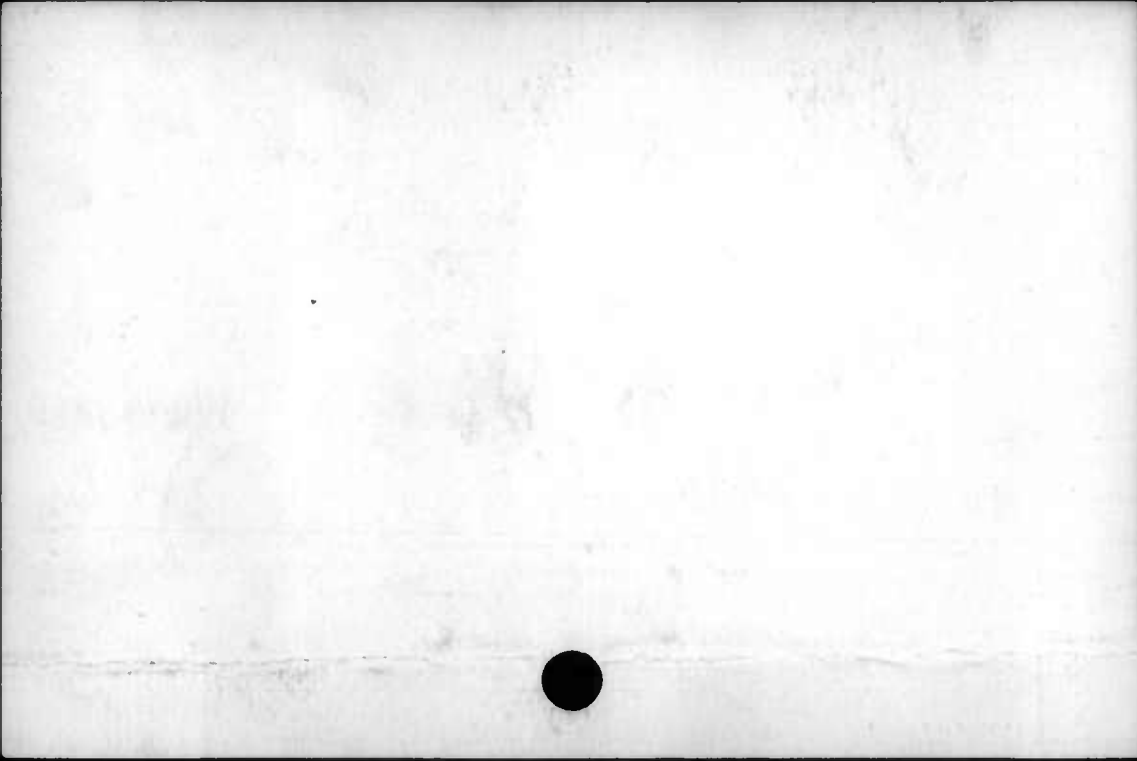
Died at		Town Baldwin		County Wearford		STATE OF MARYLAND	
Date of death		Month 7	Day 11	Years 80	Months 6	Days	
Sex	Female		Color or Race	White		Birth-place	Md.
Occupation	Housekeeper		Where Residing if not at place of death		Baldwin Md		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Silas Baldwin				Father's Birthplace	Md	
Mother's Maiden Name	Charlotte Street				Mother's Birthplace	Md	
Name of person giving information	Sallie E Carlton				How related to deceased	Niece	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	How long	Two years
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician	G. W. Davis (Per Walker)	
Address	Pleasantville Md.	
Accident or Suicide?		



Name
in
Full

Elsie May Broegel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

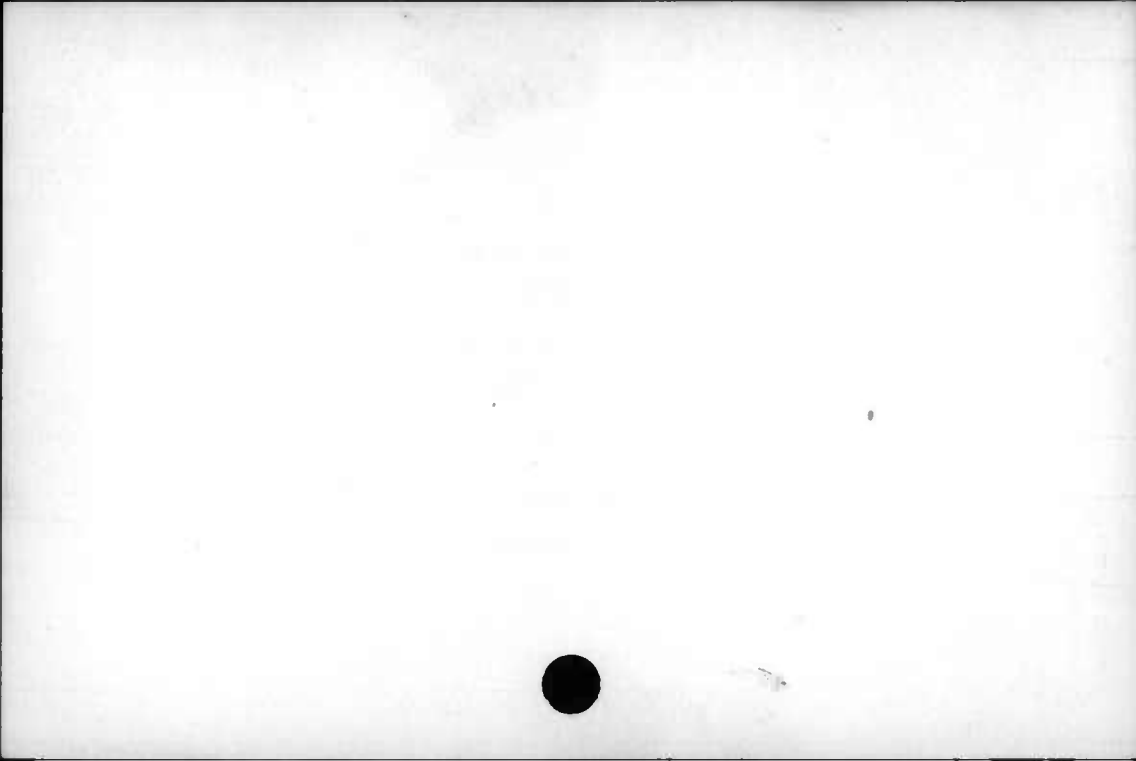
Died at <u>Brynmar</u> ^{Town}		<u>Hager</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	<u>Nov</u> ^{Month}	<u>16</u> ^{Day}	<u>23</u> ^{Years}	<u>-</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Md.</u>
Occupation	<u>none</u>		Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>-</u>			
Father's Name	<u>Chas. F. Broegel</u>			Father's Birthplace	<u>Baltimore</u>
Mother's Maiden Name	<u>S. O'Donnell</u>			Mother's Birthplace	<u>Hager Co. Md.</u>
Name of person giving information	<u>Jas. H. Blake</u>			How related to deceased	<u>Cousin</u>

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<u>- Pulmonary TB</u>	How long	<u>- 2 yrs -</u>
Immediate	<u>-</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Esther R. Chubb</u>
		Address	<u>Baltimore</u>
Accident or Suicide?			



Name
in
Full

S. Roger Corner

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

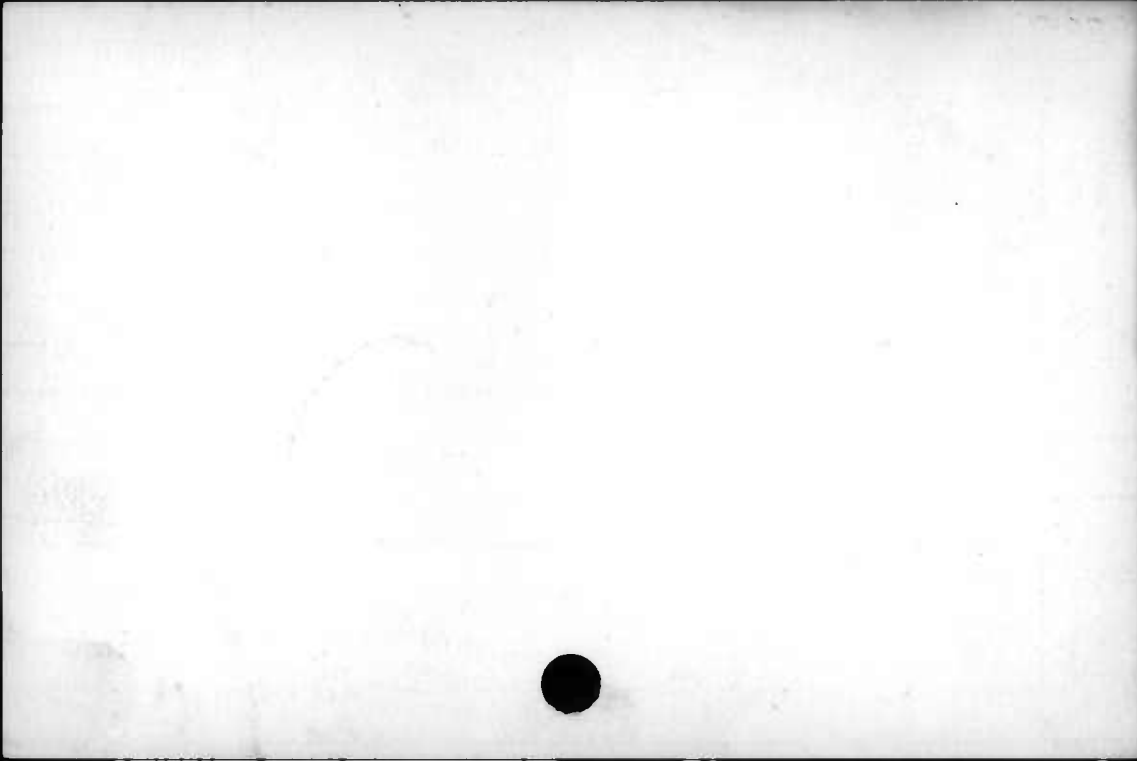
Died at <u>Bul ar</u> ^{Town}		<u>Harford co</u> ^{County}		MARYLAND	
Date of death	190 <u>7</u> ^{Month} <u>Nov</u> ^{Day} <u>23</u>	Age <u>41</u> ^{Years}	<u>8</u> ^{Months}	<u>10</u> ^{Days}	
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Balto</u>
Occupation	<u>Farmer</u>	Where Residing if not at place of death		<u>Bul ar</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Solomon Corner</u>			Father's Birthplace	<u>Balto</u>
Mother's Maiden Name	<u>Sarah Roger</u>			Mother's Birthplace	<u>Balto</u>
Name of person giving information	<u>J. J. Corner</u>			How related to deceased	<u>brother</u>

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary	<u>gun shot wound</u>	How long	<u>unconscious</u>
Immediate	<u>yes</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Catharine Sworth</u>	
		Address	
			
<u>or Suicide?</u>			



Name
in
FullWilliam Alexander Scruby
Edgewood

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1907

Month

Nov

Day

15

Age

Years

12

Months

6

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Harford Co

Occupation

Where Residing if not
at place of death~~Married, Single
or Widowed~~Name of Wife or
HusbandFather's
Name

Wm A. Scruby

Father's
Birthplace

Kent Co

Mother's
Maiden Name

Mary Jane Brownson

Mother's
BirthplaceName of person giving
Information

Alex. Scruby

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Typhoid Fever

How long

2 weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

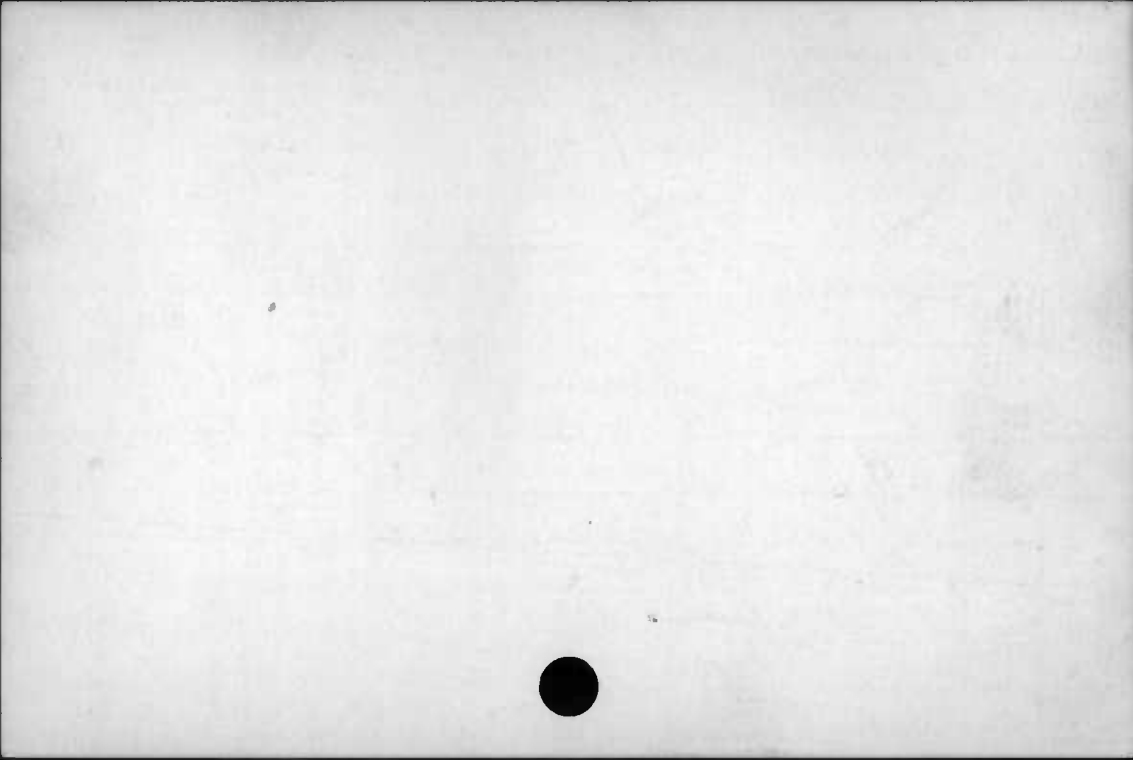
Address

Chas E Roth

Edgewood Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charlotte Ann Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

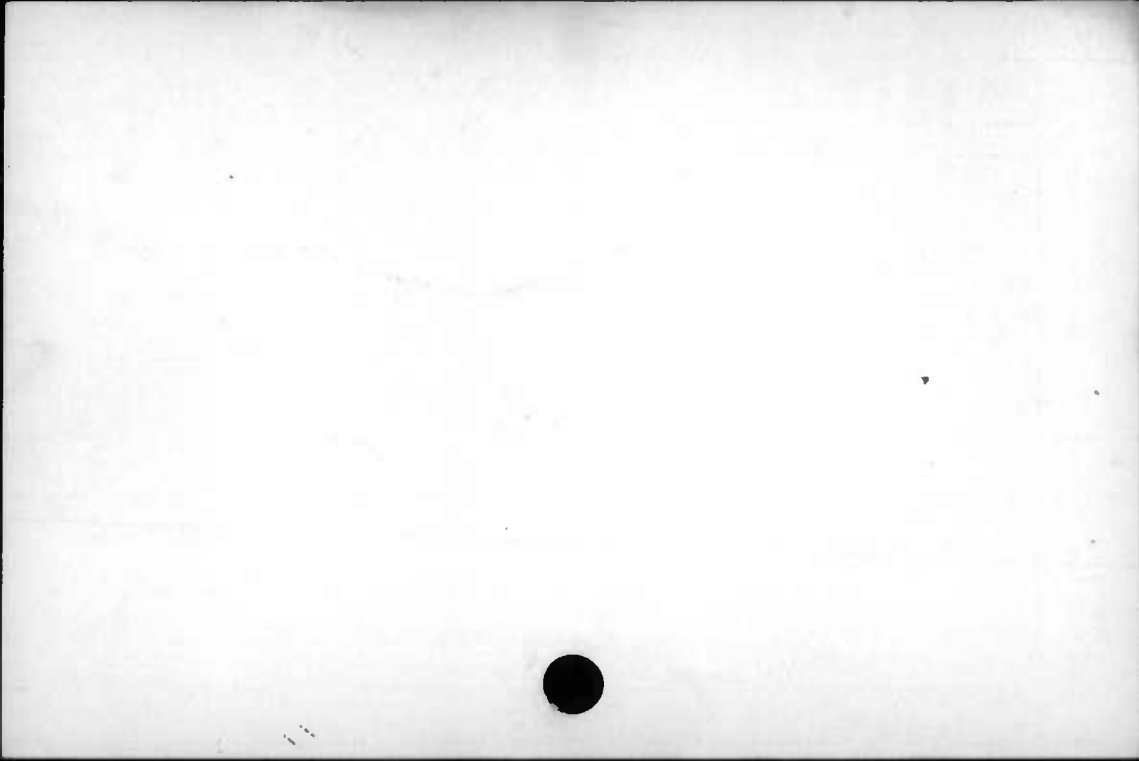
Died at <i>Fallston</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>30</i>	Age <i>5-5</i>	Months <i>11</i>	Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birthplace <i>Pikesville, Md.</i>		
Occupation <i>house wife</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George W. Evans -</i>				
Father's Name <i>Joshua Cowan</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Lane Arnold</i>	Mother's Birthplace <i>Md -</i>				
Name of person giving information <i>Geo. W. Evans</i>		How related to deceased <i>husband</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>one week</i>
Immediate <i>Heart-failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James F. Gorsuch</i>
	Address <i>Fork</i>
Accident or Suicide?	<i>Md -</i>



Name
in
Full

Pearl Anna Fantoni

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Whitford Town Harford County

Date of death 1907 Month Nov. Day 25 Age 8 Years Months Days

Sex Female Color or Race white Birth-place Ind

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single
or Widowed

Name of Wife or
Husband _____

Father's
Name

John. Fantoni

Father's
Birthplace

Pa

Mother's
Maiden Name

Maggie Cantler

Mother's
Birthplace

Ind.

Name of person giving
Information

John Fantoni

How related
to deceased

Father

CAUSES OF DEATH

93

Primary

Commence

How long

One week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

D. H. E. Arthur
Cardiff Md

Accident or Suicide?

No

Mt Olivet Pa.

11-27-07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

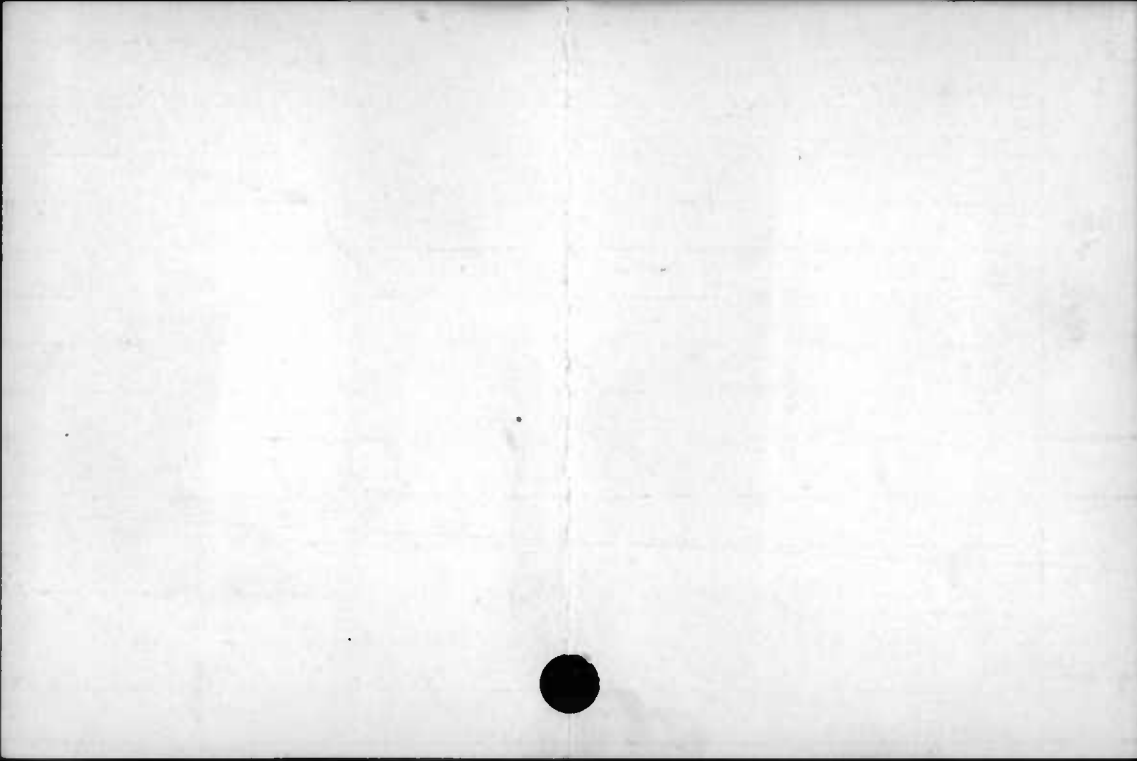
Died at <u>Michaelsville</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND		
Date of death <u>1907</u> ^{Month}		<u>Nov</u> ^{Day}	<u>14</u> ^{Age}	<u>63</u> ^{Years}	<u>3</u> ^{Months}	<u>1</u> ^{Days}
Sex <u>Female</u>		Color or Race <u>White</u>		Birthplace <u>Maryland</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>William H Ford</u>				
Father's Name <u>James R. Lamm</u>		Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Elizabeth Redding</u>		Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Barrel R. Ford</u>		How related to deceased <u>Son</u>				

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	<u>Cancer</u>	How long	<u>3 Mo.</u>
Immediate	<u>Heart failure</u>	How long	<u>immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. H. Stiles</u>	
		Address <u>Perryman Md.</u>	
Accident or Suicide?			



Name
In
Full

Henry Forman 59

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Bel Air		County		Harford		MARYLAND	
Date of death		190	7 Nov	16	Age	59	Months		Days
Sex		Male		Color or Race		Black		Birthplace	
Occupation		Laborer		Where Residing if not at place of death		Bel Air			
Married, Single or Widowed		Single		Name of Wife or Husband		Rosa Forman			
Father's Name		Stephen Forman		Father's Birthplace					
Mother's Maiden Name		Charriett Forman		Mother's Birthplace					
Name of person giving information		Elroy Forman		How related to deceased		Son			

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Tubercula Pulmonis		How long	4 years
Immediate	Malnutrition		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Pinnello Deppington		
Address		Bel Air		
Accident or Suicide?				

400

120

Hanson Hill

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

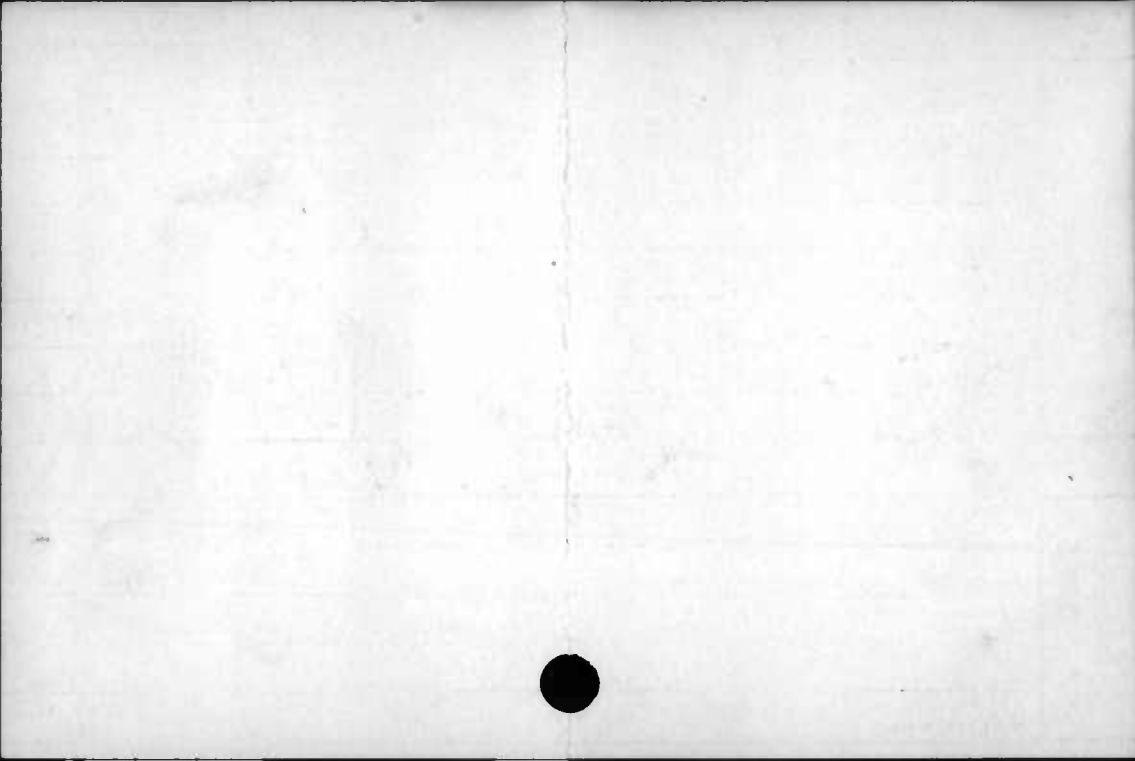
Died at <i>Specenia Varners</i>		County <i>Harford</i>		MARYLAND	
Date of death	1907	Month	Nov	Day	13
Age	75	Years		Months	
Sex	Male	Color or Race	White	Birthplace	England
Occupation	Fisherman		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Hanniet Fox		
Father's Name	Samuel Fox		Father's Birthplace	England	
Mother's Maiden Name	Elizabeth Fretwell		Mother's Birthplace	England	
Name of person giving information	H. Filmore Kimble		How related to deceased	Nephew	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Cataracts Glaucoma</i>	How long	<i>6 Mos.</i>
Immediate	<i>Anaemia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. H. Tiers</i>	
		Address	
		<i>Prayman</i>	
Accident or Suicide?			



Name
in
Full

Veronica A. Giles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

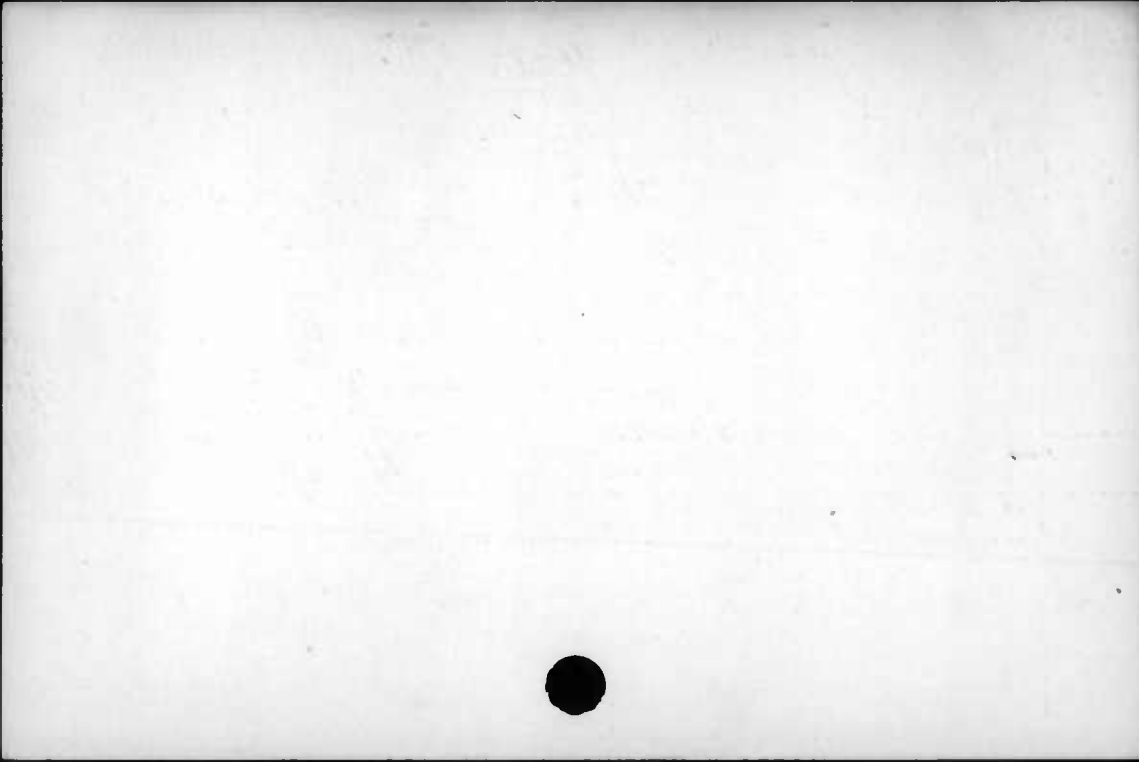
Died near Aberdeen		Town <i>Aberdeen</i>		County <i>Harford</i>		MARYLAND	
Date of death	1907	Month	Nov	Day	1	Age	1
						Years	3
						Months	21
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Harford Co., Md.</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Isaac Giles</i>		Father's Birthplace <i>Harford Co</i>					
Mother's Maiden Name <i>Annie Thompson</i>		Mother's Birthplace <i>Harford Co.</i>					
Name of person giving information <i>Isaac Giles</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>unknown</i>	How long <i>few hours</i>
Immediate <i>unknown</i>	How long <i>short time</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Kennedy</i>
	Address <i>Aberdeen, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

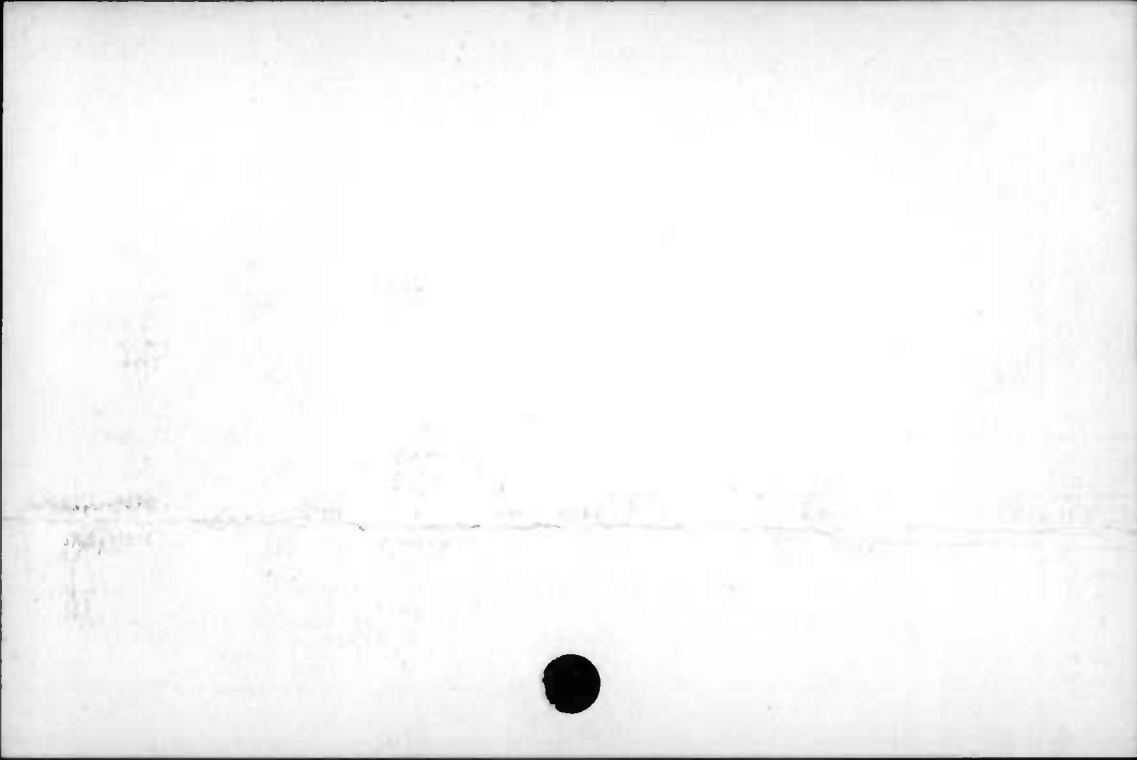
Name in Full <i>Wm Arthur Griffith</i>		Town <i>Seaboard</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Seaboard</i>		Month <i>Nov</i>		Day <i>7</i>		Age <i>8</i> Years	
Date of death <i>1907</i>		Month <i>Nov</i>		Day <i>7</i>		Months <i>17</i> Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Seaboard</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Barclay Griffith</i>		Father's Birthplace <i>Seaboard</i>					
Mother's Maiden Name <i>Mary Penoyden</i>		Mother's Birthplace <i>Seaboard</i>					
Name of person giving information <i>John S. S. S.</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

1116

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>		How long <i>3 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. H. Harmon</i>	
<i>Yes</i>		Address <i>Stevens Ave.</i>	
Accident or Suicide?			



Name

in
Full

Dec 21 1889

CERTIFICATE OF DEATH

John Enfield Bond Harris

Town

County

Died at

Poole

Harford

MARYLAND

Date

of death 1907

Month

Nov

Day

3

Age

Years

18

Months

Days

Sex

Male

Color or
Race

African

Birth-
place

Harford Co Md

Occupation

Laborer

Where Residing if not
at place of death

at Poole

~~Married~~ Single
~~or Widowed~~

Single

Name of Wife or
HusbandFather's
Name

Hazzard John Bond

Father's
Birthplace

Harford Co Md

Mother's
Maiden Name

Sarah Elizabeth Harris

Mother's
Birthplace

Harford Co Md

Name of person giving
In formation

Hazzard Harris

How related
to deceased

Gd Father

CAUSES OF DEATH

Primary

Rheumatism

How long

4 days

Immediate

Pericarditis

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Ephr Hopkins

Address

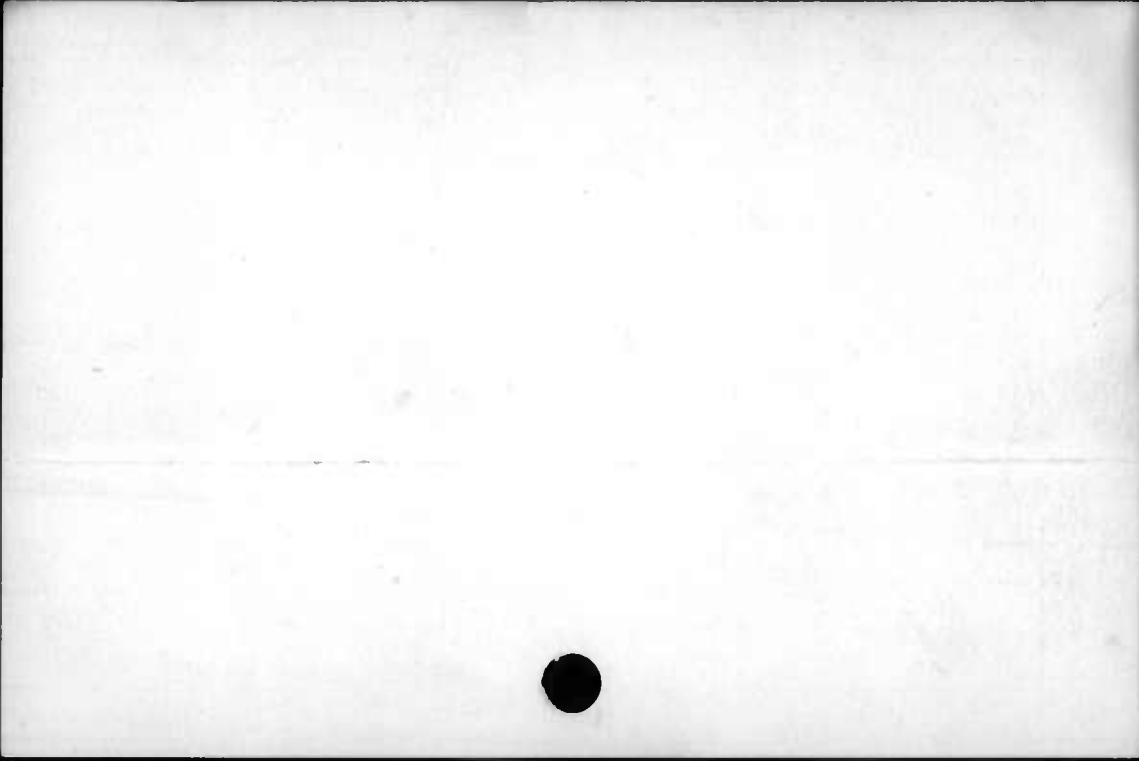
Darlington

Md

Accident or Suicide?

LIBRARY BUREAU ASSIC

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah Elizabeth Harvey
Died at Calvary Town Harford County

MARYLAND

Date of death 1907 Nov 12 Age 71 Months — Days —

Sex Female Color or Race white Birth-place —

Occupation House Wife Where Residing if not at place of death Calvary

Married, ☒ Yes Name of Wife or Husband

Father's Name Robert Mallock Father's Birthplace unknown

Mother's Maiden Name Susannah Mitchell Mother's Birthplace unknown

Name of person giving information John Harvey How related to deceased Husband

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

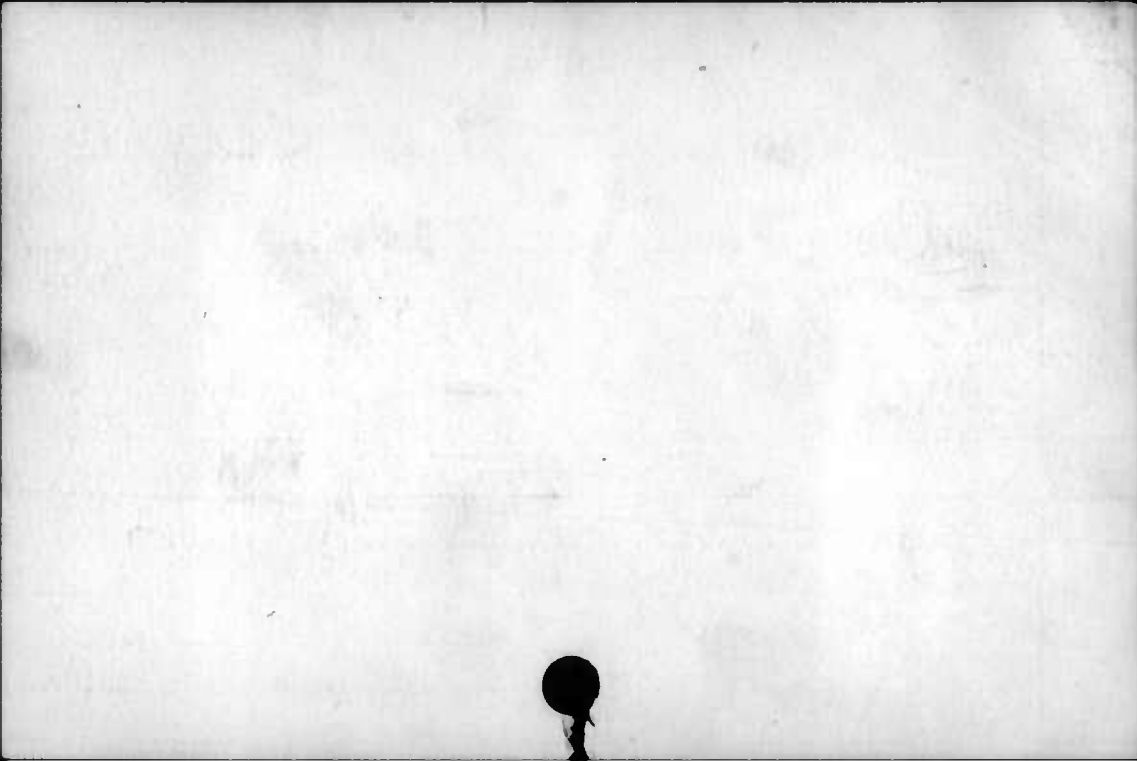
Primary Apoplexy How long 11 days

Immediate Paralysis Cardiac failure How long —

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. A. Callahan

Address Creswell Md

Accident or Suicide? No



Name
in
Full

Anna M. Heaps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cardiff Town Hopford County

Date of death 1907 Month Nov Day 28 Age 17 Years Months Days

Sex Female Color or Race White Birth-place Mid

Occupation _____ Where Residing if not at place of death _____

☒ Married, Single
or Widowed

Name of Wife or
Husband _____

Father's Name Nelson A. Heaps

Father's Birthplace Mid

Mother's Maiden Name Fannie Hopkins

Mother's Birthplace Mid

Name of person giving
In formation Nelson A. Heaps

How related
to deceased Father

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary Infantile Obstruction How long Two days

Immediate Convulsions How long Three hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician D. W. E. Anthony

Address Cardiff Md

Accident or Suicide? No

Nov. 30. 07

Slate Ridge

Name
in
Full

Catherine Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

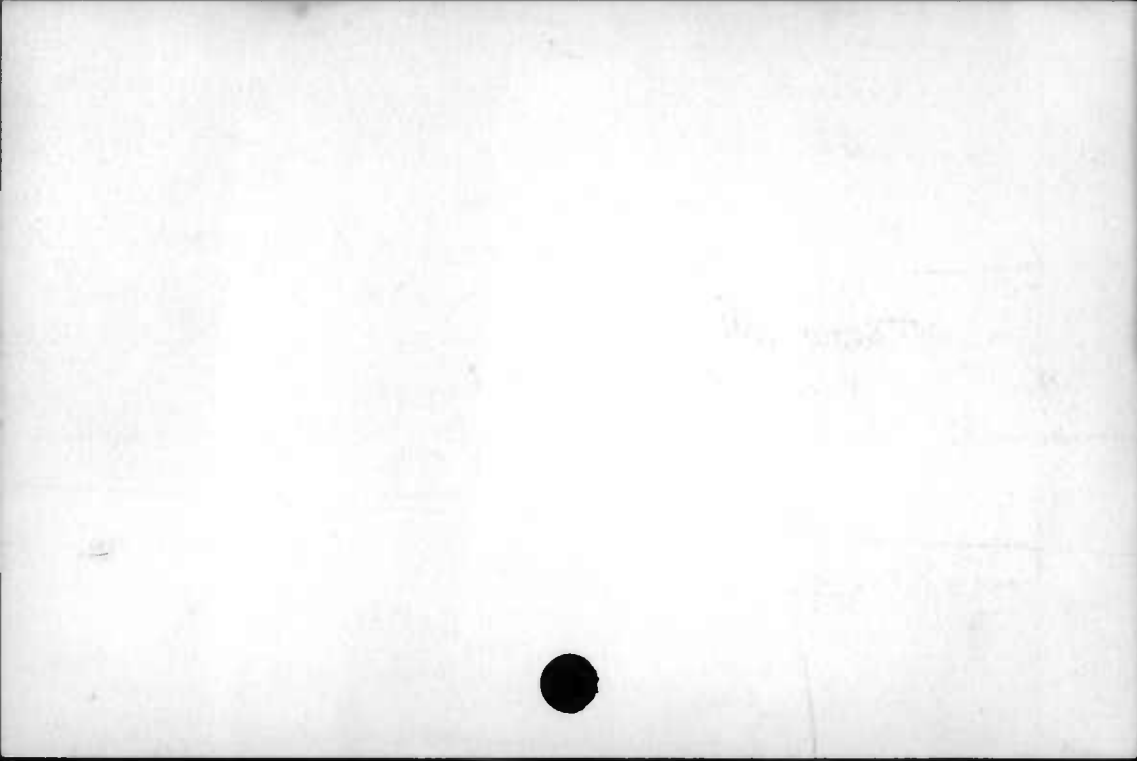
Died at <i>Aberdeen</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	<i>Nov</i> <small>Month</small>	<i>10</i> <small>Day</small>	Age <i>72</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>House work</i>		Where Residing if not at place of death <i>Aberdeen</i>		
Married or Widowed	Name of Wife or Husband <i>Wm. W. Hood</i>				
Father's Name	<i>Lewis Thomas</i>			Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>Margaret Thomas</i>			Mother's Birthplace	<i>—</i>
Name of person giving information	<i>Clara Royce</i>			How related to deceased	<i>Grand Daughter</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Disease of Heart</i>	How long	<i>Unknown</i>
Immediate	<i>Accident - Fall</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. Kennedy</i>
		Address	<i>Aberdeen Md</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

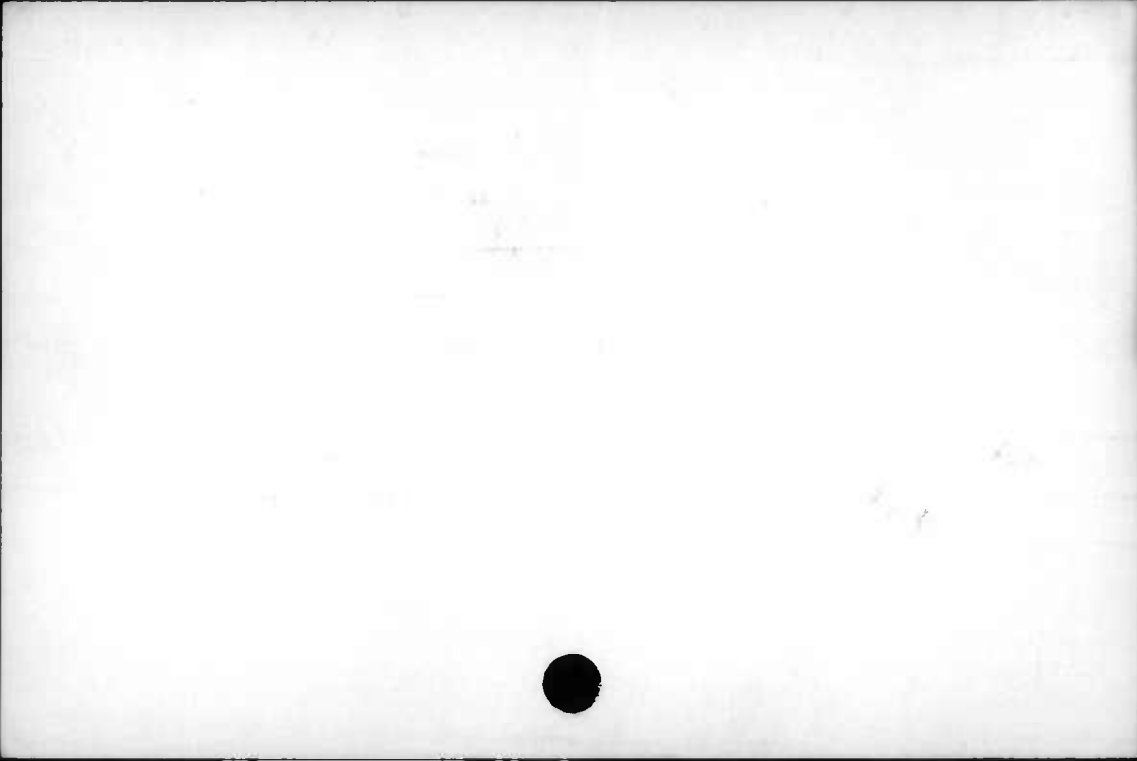
Name in Full <i>Mary E. Jackson</i>		Town <i>Bel Air</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Died at <i>Bel Air</i>		Month <i>Nov</i>		Day <i>1</i>		Age <i>11</i>	
Date of death <i>1907</i>		Years <i>1907</i>		Months <i>11</i>		Days <i>11</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Bel Air</i>					
Married, Single <input checked="" type="radio"/> <i>Widowed</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>George Jackson</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Edison Wiggins</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Amelia B. Jackson</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Pneumonia</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Chas. Richardson</i>	
		Address <i>Bel Air Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Ida Louisa Johnson

Town

County

MARYLAND

Died at *Churchville*

Harford

Date of death *1907* *Mr*

Day *16*

Age *1*

Years *1*

Months *3*

Days *-*

Sex *Female*

Color or Race *Black*

Birth-place *Churchville*

Occupation *-*

Where Residing if not at place of death *-*

Married, Single or Widowed *-*

Name of Wife or Husband *-*

Father's Name *Joshua Johnson*

Father's Birthplace *Mr*

Mother's Maiden Name *Harriet P. Menden*

Mother's Birthplace *Mr*

Name of person giving information *Joshua Johnson*

How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Enteritis*

How long *Four weeks*

Immediate *...*

How long *Four weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

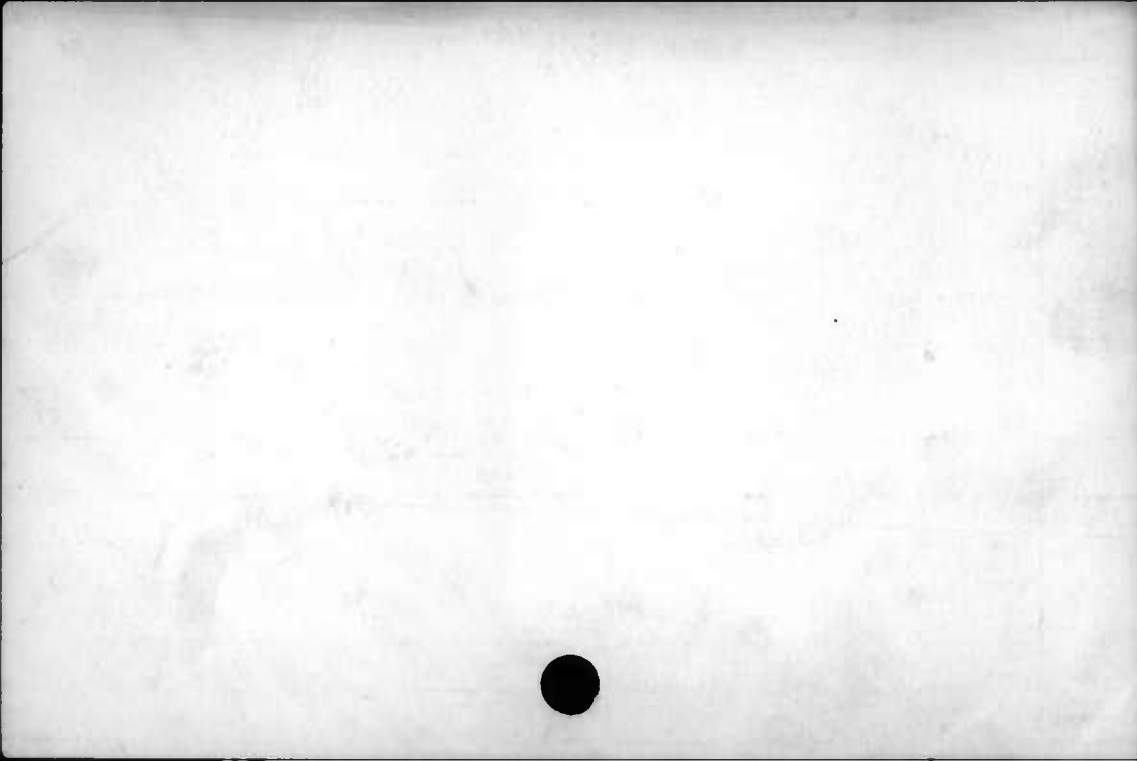
Address

*Thos. H. Roberts 1610
Churchville*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

2

John George Frederick Lantz

CERTIFICATE OF DEATH

MARYLAND

Died at Edgewood TownKarford CountyDate of death 1907 November 19Age 54 YearsMonths 8Days 19Sex MaleColor of
RaceWhiteBirth-
placeBaltimore

Occupation

FarmerWhere Residing if not
at place of deathEdgewoodMarried, ~~Single~~
~~Widowed~~MarriedName of Wife or
HusbandLucinda StangerFather's
NameJacob LantzFather's
BirthplaceGermanyMother's
Maiden NameRickie EmmordMother's
BirthplaceGermanyName of person giving
InformationAzela LantzHow related
to deceasedDaughter in Law

CAUSES OF DEATH

43

Primary

Abdominal carcinoma

How long

3 years

Immediate

Transitional collapse

How long

60 daysAre the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianR. F. W. Oppermann

Address

Abingdon.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James F Lynch*

Died at *Belcamp* Town *Harford* County

Date of death *1907* Month *11* Day *7* Age *42* Years Months Days

Sex *male* Color or Race *White* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *James Lynch* Father's Birthplace *Ireland*

Mother's Maiden Name *Hannah Sullivan* Mother's Birthplace *11.*

Name of person giving information *Samuel Lynch* How related to deceased *Cousin*

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary *Tuberculosis General* How long *3 years*

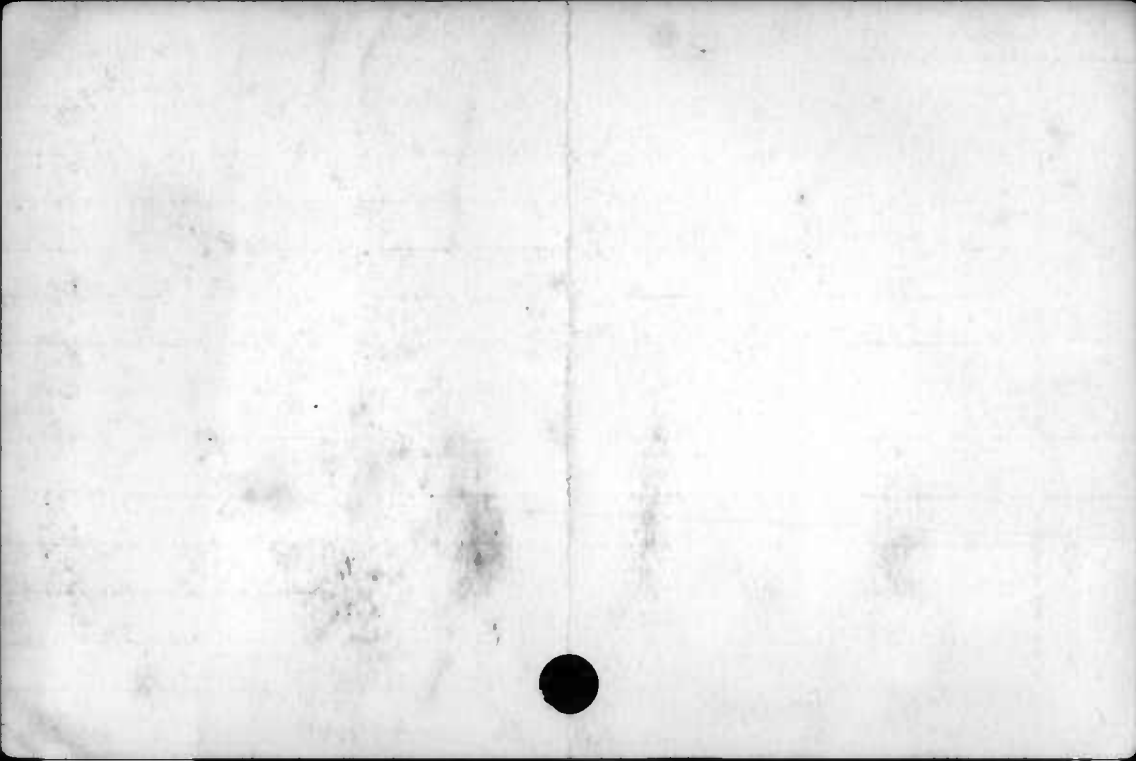
Immediate *Akess and exhaustion* How long *4 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

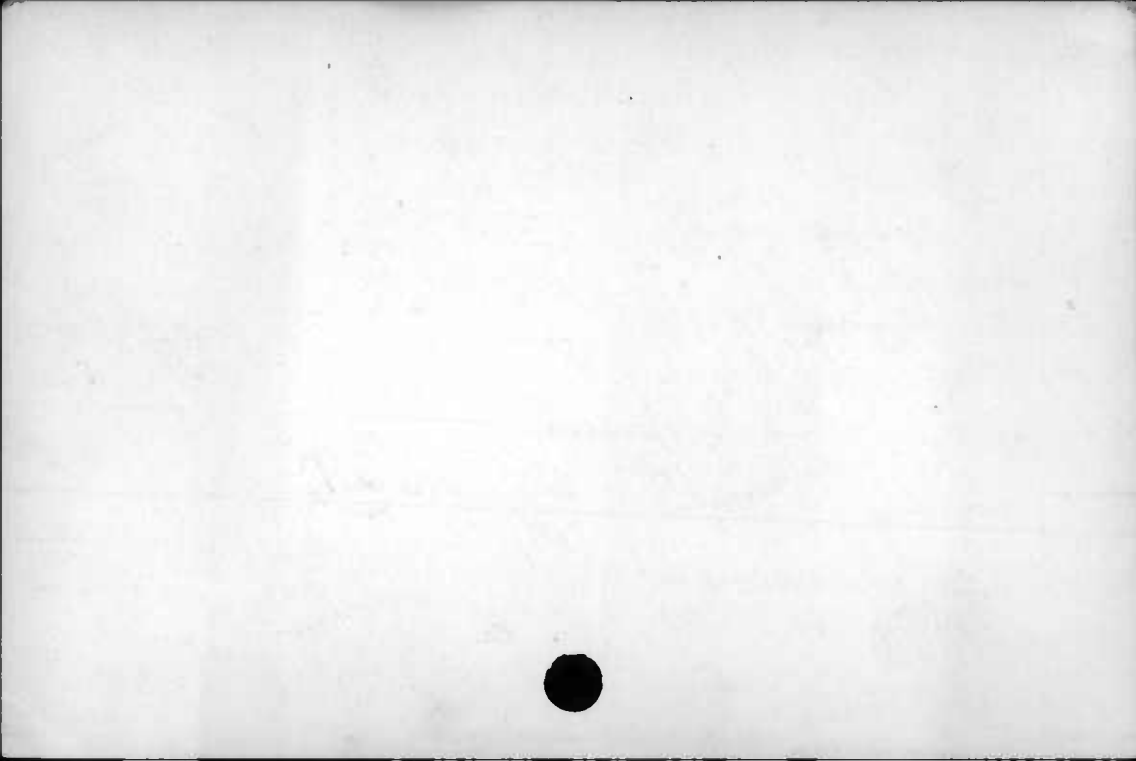
Signature of Physician *J. J. Callahan*

Address *Creswell*

Accident or Suicide? *No* *Ind*



Name in Full		Ira Clin Mahan				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Churchville		Harford		MARYLAND		
	Date of death	1907	Month	Nov.	Day	11	Age	24 1/2
	Sex	Male		Color or Race	White		Birth-place	Churchville
	Occupation	Farmer		Where Residing if not at place of death				
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	William H. Mahan				Father's Birthplace	Churchville	
	Mother's Maiden Name	Mary J. McVey				Mother's Birthplace	York Co., Pa.	
Name of person giving information	E. J. Rubenia Mahan				How related to deceased	Sister		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Phthisis				How long	2 yrs.	
	Immediate	Exhaustion				How long	2 weeks	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Chas. H. Kietz	
	Accident or Suicide?					Address	Aberdeen Md.	



Name
in
Full

Mary Merkel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

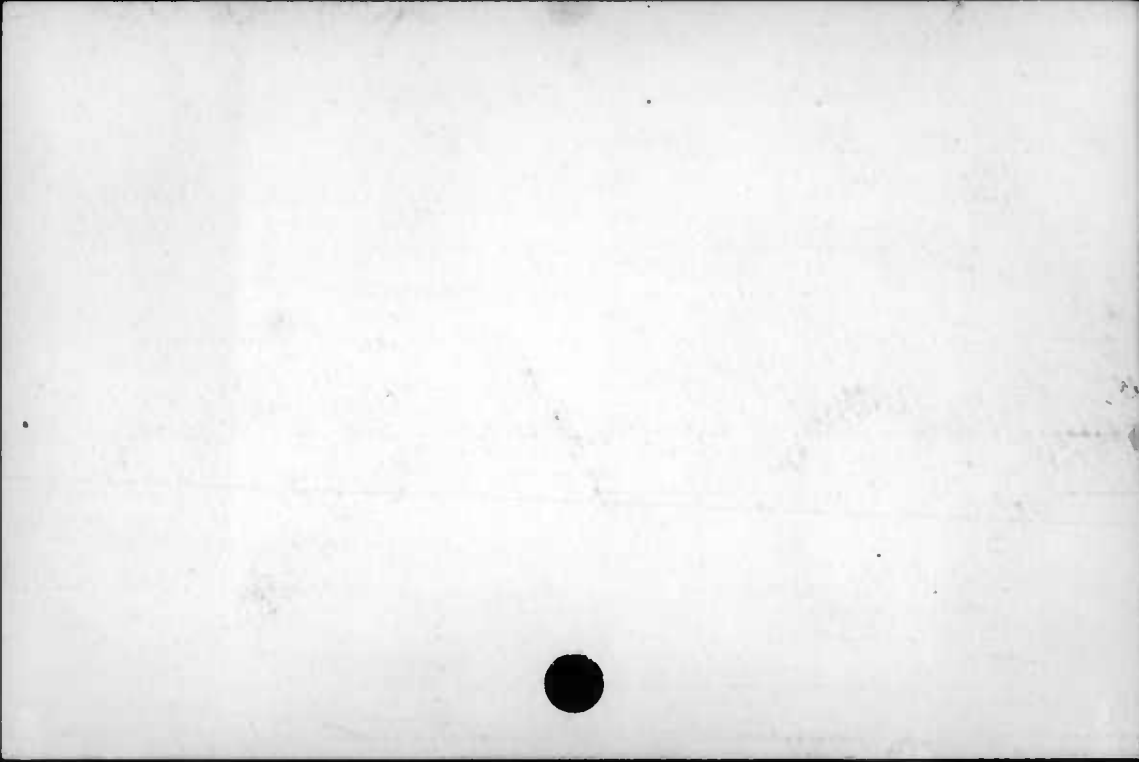
Died at		Town Havre de Grace		County Harford		MARYLAND	
Date of death	1907	Month Nov.	Day 22	Age 72	Months 4	Days 2	
Sex	Female		Color or Race	White		Birth- place	York County Pa.
Occupation	House work			Where Residing if not at place of death			- - -
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Jacob Merkel					Father's Birthplace	York County Pa.
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving In formation	Henry Merkel					How related to deceased	Nephew.

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Age	How long	-
Immediate	Decayed	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. H. Smith
		Address	Havre de Grace
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

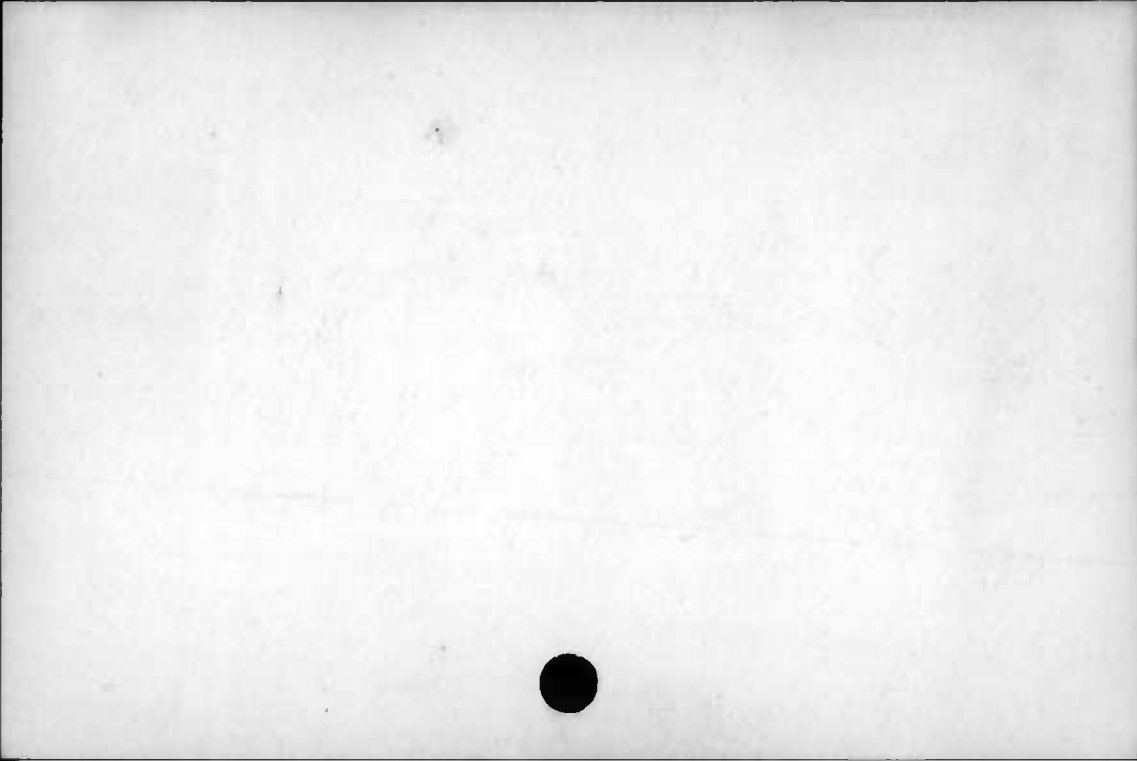
Name in Full <i>Johanna Morris</i>		Town <i>Pylesville</i>		County <i>Hearford</i>		MARYLAND	
Died at <i>Pylesville</i>		Month <i>Nov</i>		Day <i>21st</i>		Years <i>48</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>J Thomas Morris</i>					
Father's Name <i>George W Smith</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Martina Burkum</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>J Thomas Morris</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>Three years</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. E. Attridge</i>
	Address <i>Hardiff Ind</i>
Accident or Suicide? <i>No</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elmer *Joseph* *O'Connor*

Died at *Harre de Grace* ^{Town} *Barford* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *Nov.* ^{Day} *26* ^{Years} *30* ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *Russia*

Occupation *Labon* Where Residing if not at place of death *..*

Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Russia*

Mother's Maiden Name *Unknown* Mother's Birthplace *..*

Name of person giving information *A Bloomberg* How related to deceased *None*

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary *Drowned* How long *..*

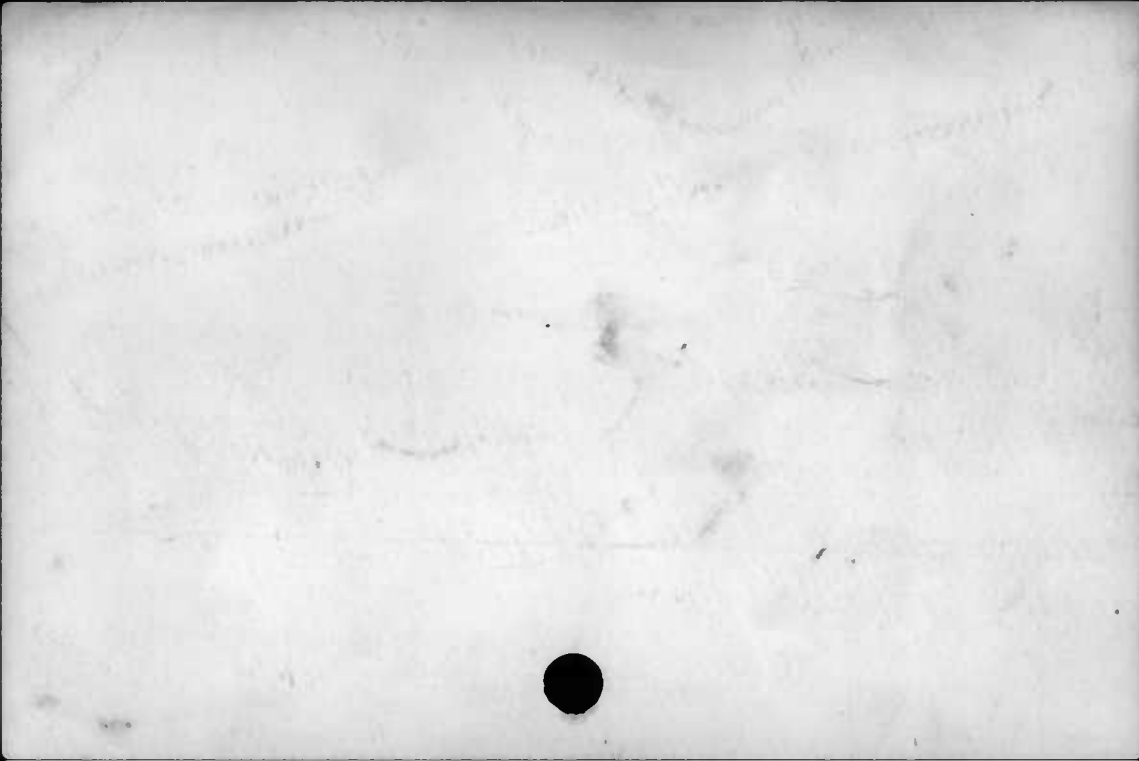
Immediate *Drowning* How long *..*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Michael N Foley Coroner*

Address *Harre de Grace, Md*

Accident or Suicide? *Accident*



Name
in
Full

Agnes B Richard Love

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

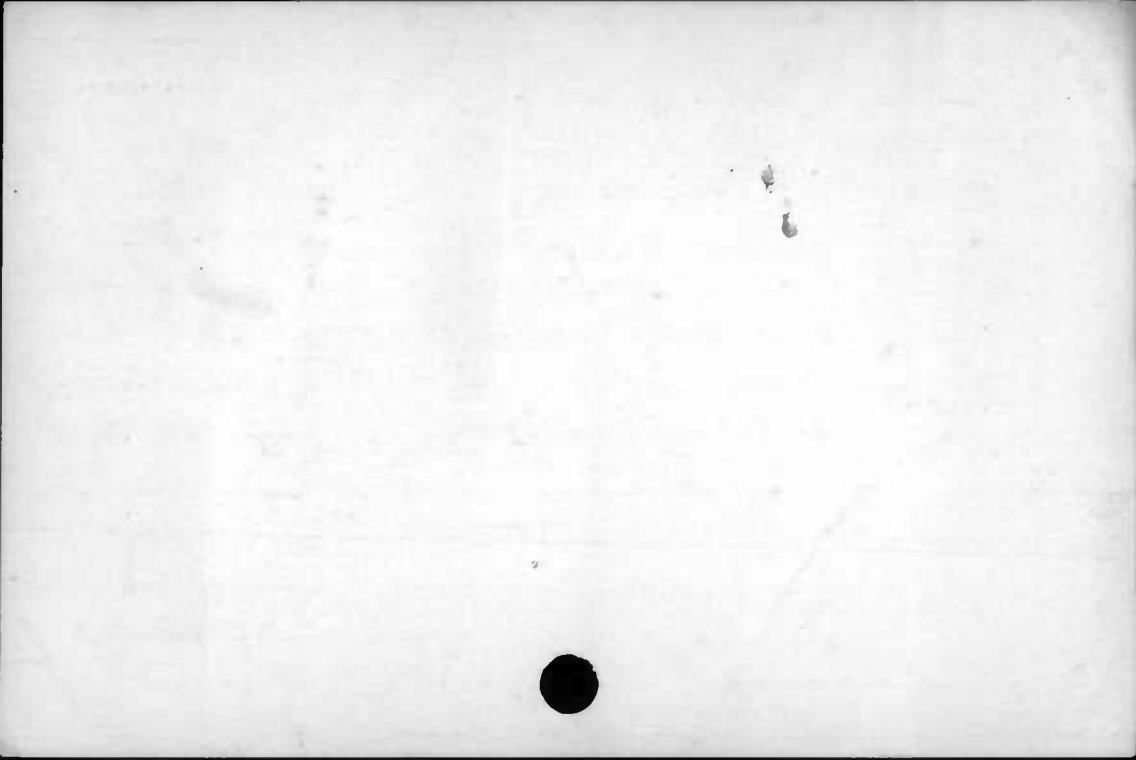
Died at <i>near Fawn Grove</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>11th</i>	Day	<i>11th</i>	Years	<i>59</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Centre York Co.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>at place of death</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Calvin Richardson</i>				
Father's Name	<i>William Wiley</i>					Father's Birthplace	<i>Centre York Co.</i>
Mother's Maiden Name	<i>Mary Leeb</i>					Mother's Birthplace	<i>—</i>
Name of person giving information	<i>Son</i>					How related to deceased	<i>Son</i>

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>3 months</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thos. B. Hayward M.D.</i>
		Address	<i>Pylesville</i>
			<i>Harford Co. Md.</i>
Accident or Suicide?			



Name
in
Full

Mary Elizabeth Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

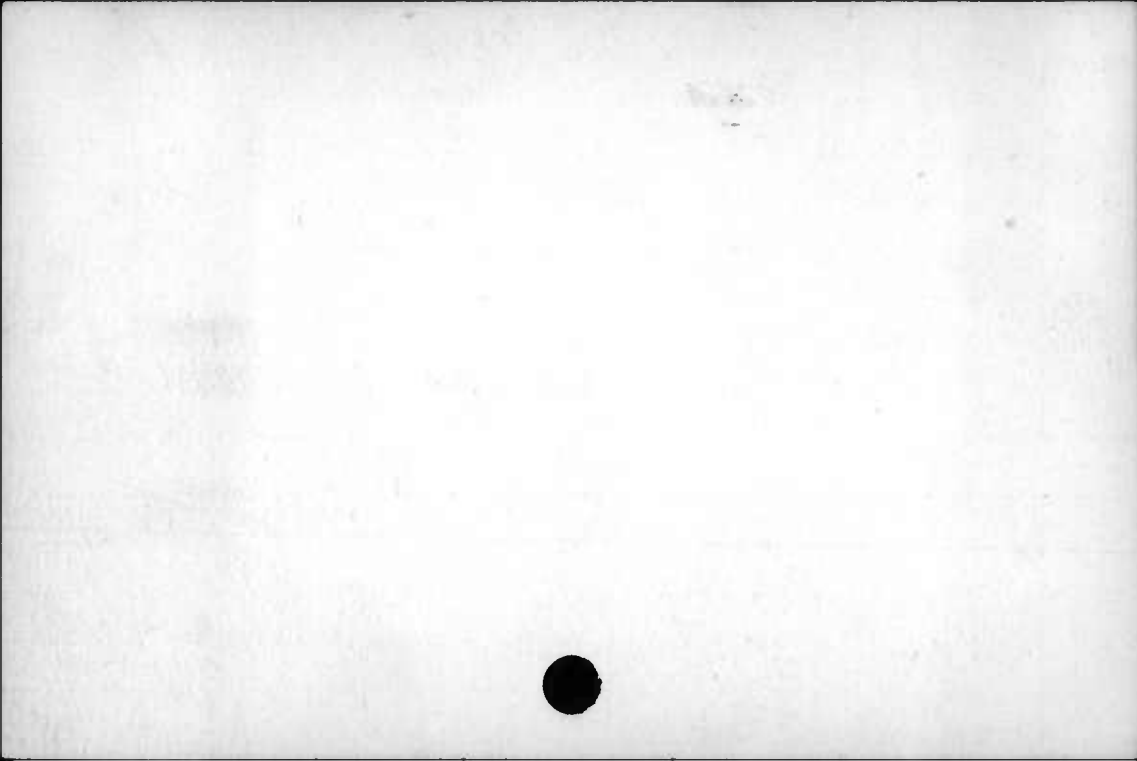
Died at <i>Old Baltimore</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>1</i>	Age <i>73</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth place <i>Michallsville</i>		
Occupation <i>housewife</i>	Where Residing if not at place of death <i>Old Baltimore</i>				
Married or Widowed		Name of Wife or Husband			
Father's Name <i>Be F. Courtney</i>	Father's Birthplace <i>Ind.</i>			Mother's Birthplace <i>Ind.</i>	
Mother's Maiden Name <i>Mary Ann Maxfield</i>	How related to deceased <i>Son</i>				
Name of person giving information <i>J. H. Richardson</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>7 months</i>
Immediate <i>Heart failure</i>	How long <i>7 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>J. H. Stier</i>	
Address <i>Essex</i>	
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		11	19	80			
Sex	Female	Color or Race	Colored	Birth-place	Ind.		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widow			Name of Wife or Husband			
Father's Name	Doris E. Egan			Father's Birthplace			
Mother's Maiden Name	Doris E. Egan			Mother's Birthplace			
Name of person giving information	Scott H. Robinson			How related to deceased			
			Son				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Old Age	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F. P. L. L. L.
		Address	Forest Hill Ind.
Accident or Suicide?			



Name
in
Full

Catharine J Sheridan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

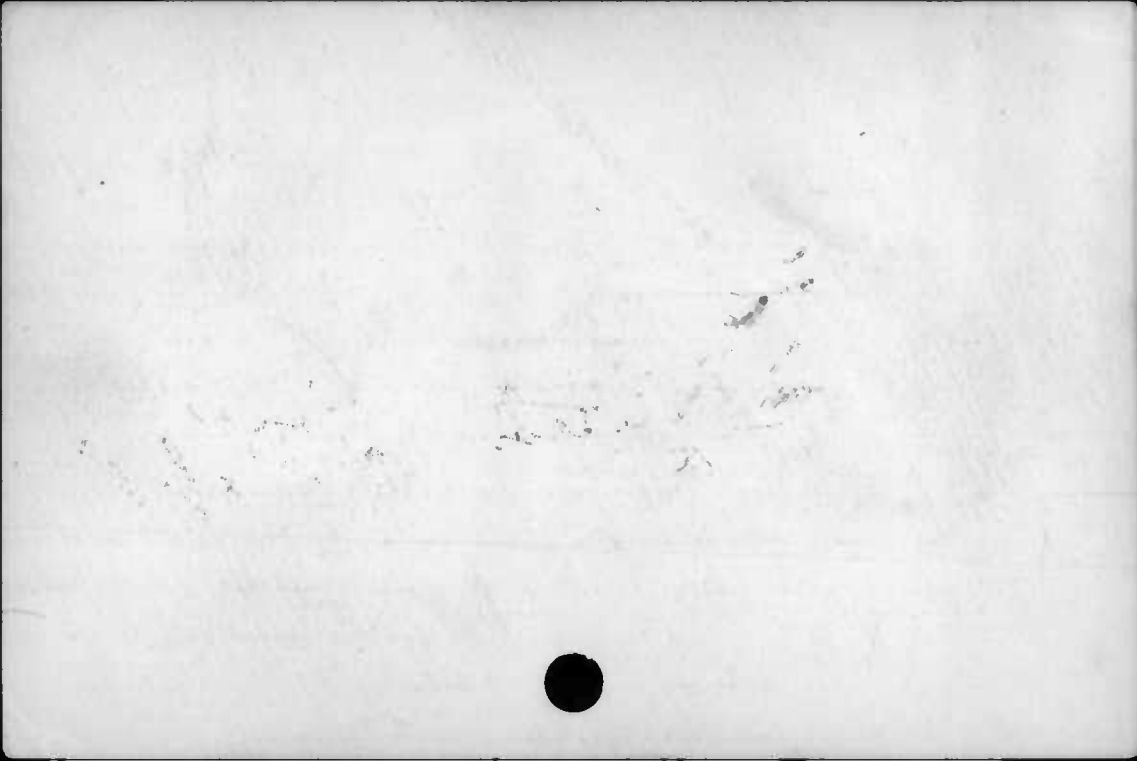
Died at Perryman ^{Town}		Harford ^{County}		MARYLAND	
Date of death 1907	Nov ^{Month}	3 ^{Day}	72 ^{Years}	— ^{Months}	— ^{Days}
Sex Female	Color or Race White		Birth-place Inda		
Occupation Housekeeper		Where Residing if not at place of death Perryman			
Married, Single or Widowed Widow	Name of Wife ^{Husband} George Sheridan				
Father's Name Charles C Holloman	Father's Birthplace Inda				
Mother's Maiden Name Ann Lytle	Mother's Birthplace Inda				
Name of person giving information Richard Holloman	How related to deceased Brother				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Brachitis	How long Two weeks
Immediate Paralysis	How long 2 days
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician J. D. Stiles
	Address Perryman
Accident or Suicide? —	



Name
in
Full

Bailey Stclair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

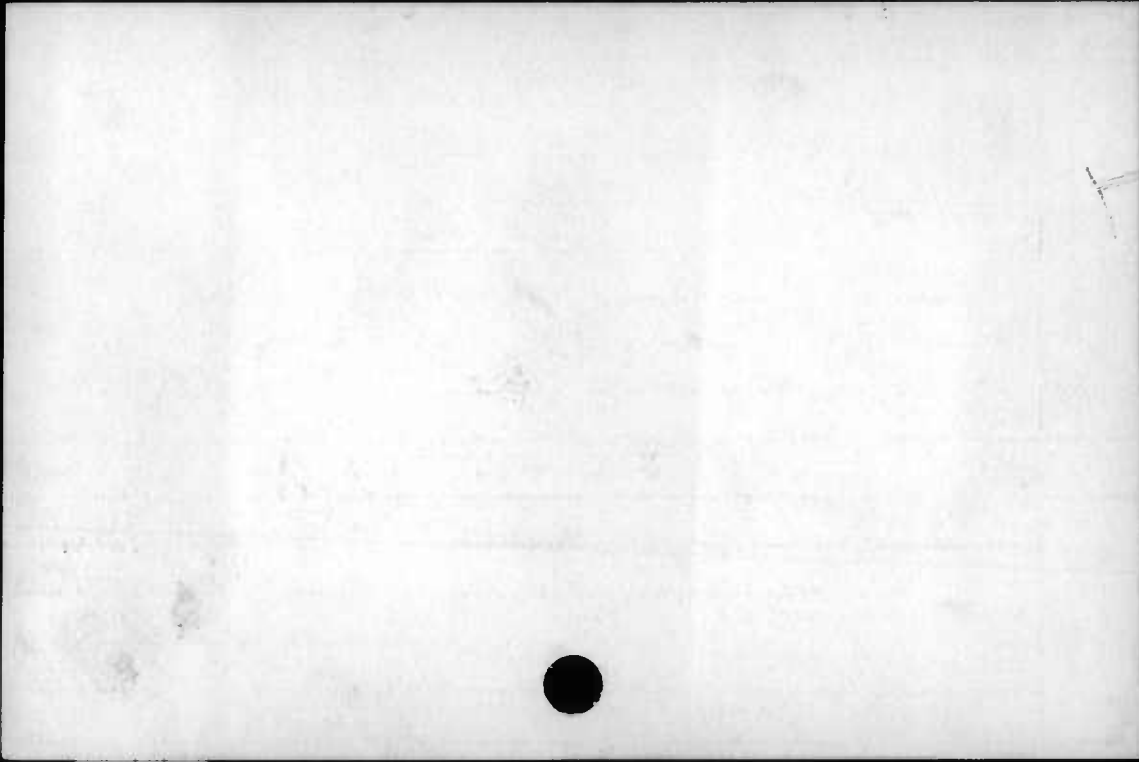
Died at <i>Near</i> ^{Town} <i>Rocks</i>		^{County} <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>9</i>	Year <i>1907</i>	Age <i>82</i>	Month <i>Nov</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co Md</i>		
Occupation <i>Farmer</i>		Where Residing if <i>at place of death</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Bailey Stclair</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace		
Mother's Maiden Name <i>Elizabeth Vernay</i>	How related to deceased <i>Nephew</i>		Name of person giving information <i>David C Stclair</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Intestinal Nephritis</i>	How long <i>Several years</i>
Immediate <i>Uremia</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Bradley</i>
	Address <i>Garrettsville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Annie L. Stewart		Town Forest Hill		County Harper		State MARYLAND	
Died at Forest Hill		Month Nov		Day 23		Age 58	
Date of death 1907		Sex Female		Color or Race Black		Birth-place Ind.	
Occupation Housework		Where Residing (not at place of death) Forest Hill					
Married, Single or Widowed Single		Name of Wife or Husband Elijah Stewart					
Father's Name Elijah Stewart		Father's Birthplace Ind.					
Mother's Maiden Name Hannah Johnson		Mother's Birthplace Ind.					
Name of person giving information Baron J. Stewart		How related to deceased Nephew					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Cerebral hemorrhage	How long One day -
Immediate Coma	How long few hours -
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician A. F. Vant Jibbin
	Address Bd Air
Accident or Suicide? No -	Md.

Charles Chapin

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

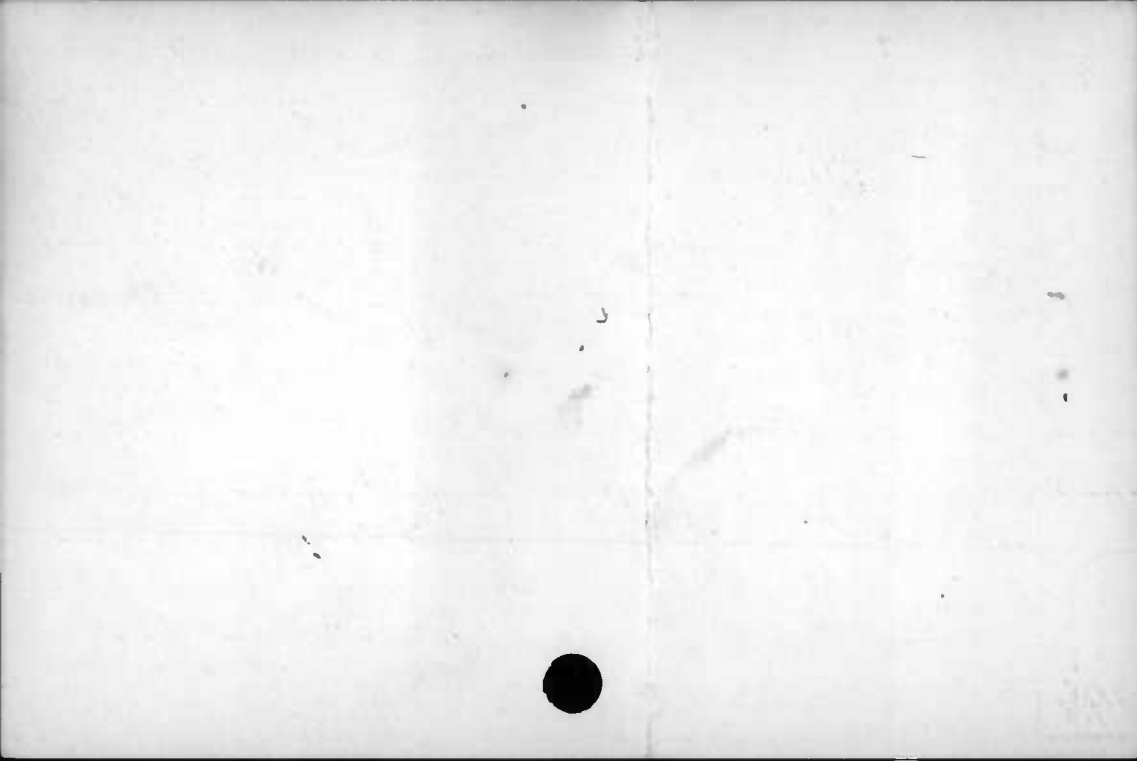
Name in Full <i>Bertha Taylor</i>		Town <i>Cakington</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Cakington</i>		Month <i>Dec</i>		Day <i>20</i>		Age <i>—</i> Years <i>—</i> Months <i>2</i> Days <i>—</i>	
Date of death <i>1907</i>		Sex <i>Female</i>		Color or Race <i>Celand</i>		Birth-place <i>Haverode Grace</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Cakington</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Cornelius Taylor</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Minnie Richardson</i>		Mother's Birthplace <i>Harford Co</i>					
Name of person giving information <i>Minnie Richardson</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Enteritis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signatures of Physician <i>J. L. Hopkins</i>
	Address <i>Haverode Grace</i>
Accident or Suicide?	<i>md</i>



Name
in
Full

William Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

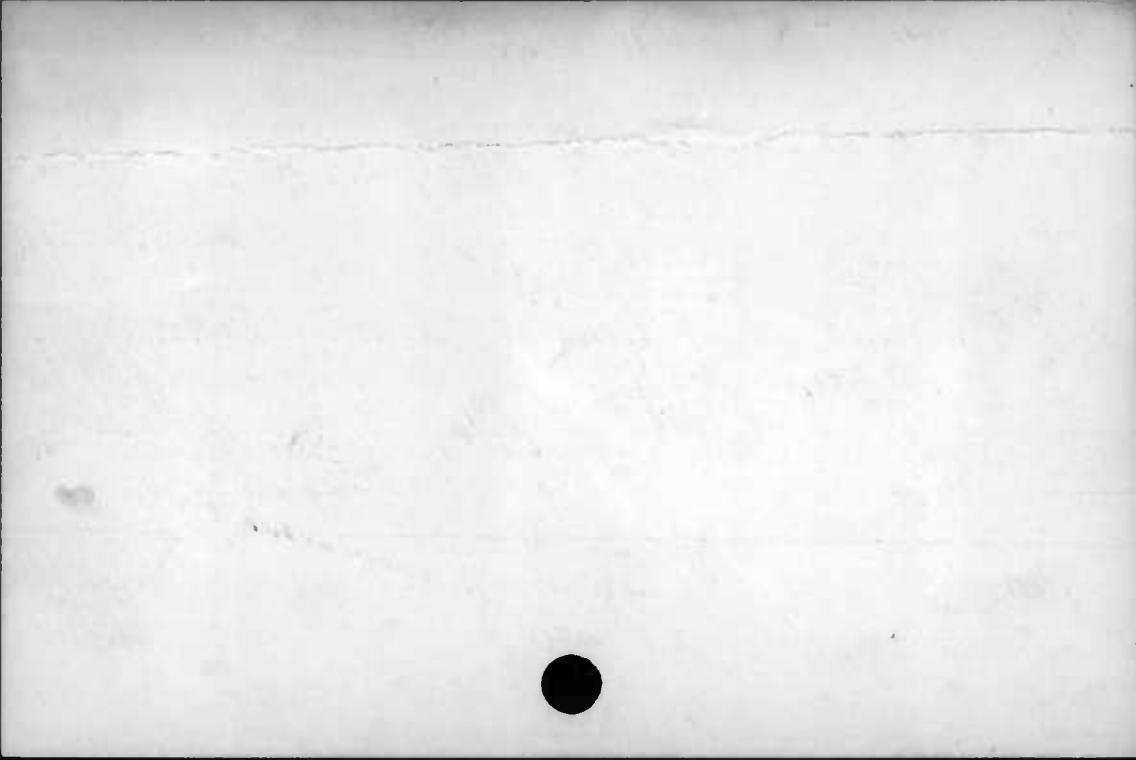
Died at <u>Webster</u> Town			<u>Hanford</u> County			MARYLAND		
Date of death <u>1907</u>	Month <u>11</u>	Day <u>29</u>	Age <u>18</u>	Years <u>1</u>	Months <u>1</u>	Days <u>17</u>		
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Webster Md</u>				
Occupation <u>Housework</u>			Where Residing if not at place of death <u>at place of death</u>					
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Not married</u>						
Father's Name <u>Winfield S Walker</u>				Father's Birthplace <u>Wm of England</u>				
Mother's Maiden Name <u>Olela K. Donahoe</u>				Mother's Birthplace <u>England Md</u>				
Name of person giving information <u>Mrs Olela K. Walker</u>				How related to deceased <u>Mother</u>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <u>Morosemia</u>	How long <u>About 5 yrs</u>
Immediate <u>General debility</u>	How long <u>About 3 yrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R H Smith M.D.</u>
	Address <u>Home & Grace Rd</u>
Accident or Suicide?	



Name
in
Full

Ellen R. Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Whiteford ^{County} Harford

Date of death 1907 ^{Month} Nov. ^{Day} 4 ^{Year} 87 ^{Months} 6 ^{Days}

Sex Female Color or Race White Birth-place md.

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Michael Whiteford

Father's Birthplace

Mother's Maiden Name Campbell

Mother's Birthplace Pa

Name of person giving information Michael Webster

How related to deceased son

CAUSES OF DEATH

1574
How long

Primary Old age

Immediate "

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

D. H. E. Arthur
Cardiff Md

Accident or Suicide?

Nov. 7-07
Slate Ridge

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

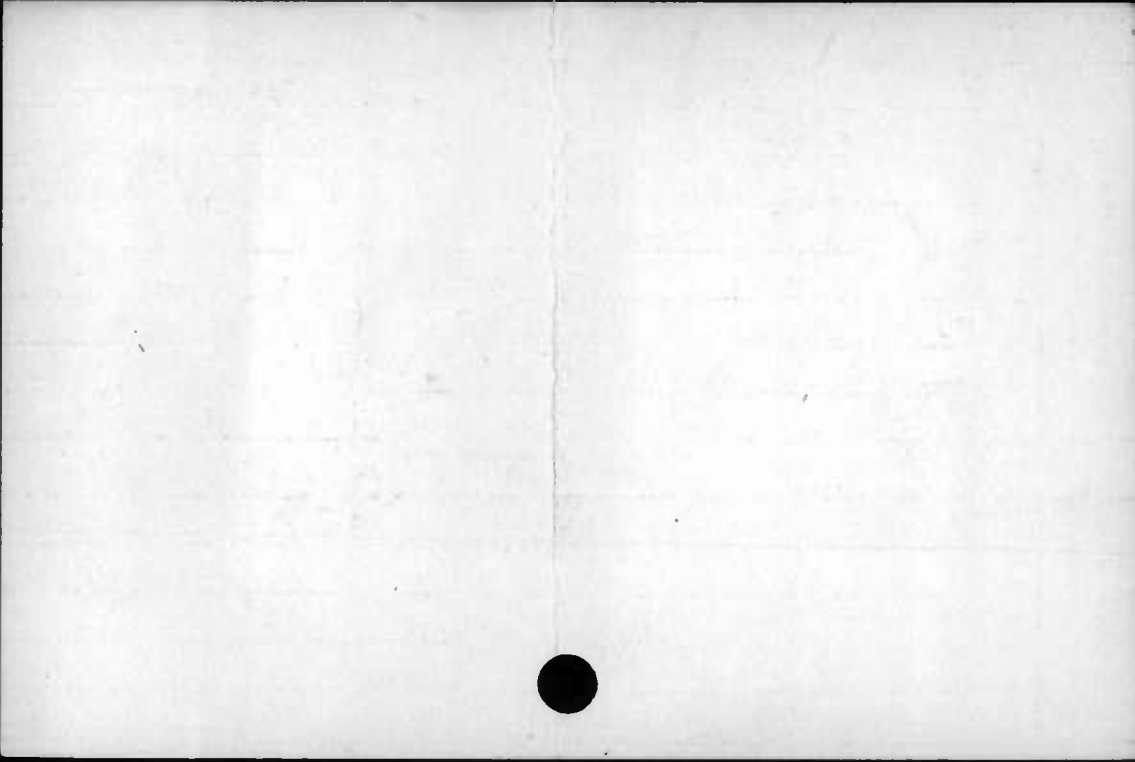
Died at Perryman Town		Harford County		MARYLAND	
Date of death 1907	Month Nov	Day 12	Age 87	Months	Days
Sex Male	Color or Race Black		Birth-place Maryland		
Occupation Laborer	Where Residing if not at place of death				
Married, Single or Widowed Widower	Name of Wife or Husband Sydney J. Welch				
Father's Name Edward Welch	Father's Birthplace Maryland				
Mother's Maiden Name Violet Kell	Mother's Birthplace Unknown				
Name of person giving information Dessie G. Holland	How related to deceased Daughter				

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary Paralysis	How long 1 day
Immediate Paralysis	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. H. [Signature]
	Address Perryman
Accident or Suicide? —	



Name in Full		Elizabeth Williams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cassins</i>		Town <i>Harford</i>		County <i>Harford</i>	
		Date of death <i>1907</i>		Month <i>Nov.</i>	Day <i>30</i>	Age <i>76</i>	Years <i>76</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co., Md.</i>	
		Occupation <i>House work</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Williams</i>			
Father's Name <i>Henry Arnold</i>		Mother's Maiden Name <i>Elizabeth Baker</i>		Father's Birthplace <i>Harford Co.</i>		Mother's Birthplace <i>Harford Co.</i>	
Name of person giving information <i>W. L. Baker</i>		How related to deceased <i>Son in law.</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Acute Indigestion</i>				How long <i>4 hours</i>	
		Immediate <i>Dysentery</i>				How long <i>2 hours</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>				Signature of Physician <i>Chas. H. Smith</i>	
						Address <i>Abidene Md</i>	
Accident or Suicide? <i>—</i>							

